Please type a plus sign (+) inside this box ->	, ,
Thouse type a place sign ( ) mores and sex	+

Sheet

of

PTO/SB/08A (08-00) Approved for use through 10/31/2002. OMB 0651-0031

Substitute for form 1449A/PTO				c	mplet if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number		
				Filing Date		
				First Named Inventor	Sturgeon	
				Group Art Unit		
(use as many sheets as necessary)			ecessary)	Examiner Name		
Sheet	1	of	1	Attorney Docket Number	10014834-1	

U.S. PATENT DOCUMENTS							
Examiner Initials*	Cite No. <sup>1</sup>	U.S. Patent Docume  Kind Co  Number  (If know	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
m	5,563,638		Osborne	10/08/1996			
<b>'</b> [ ]		5,621,441	Waschhauser et al.	04/15/1997			
		5,684,518	Nobel et al.	10/04/1997			
		5,949,459	Gasvoda et al.	10/07/1999			
		6,139,135	Becker et al.	10/31/2000			
$T \cap I$		6,183,077	Hmelar et al.	02/06/2001			
		6,203,135	Murcia et al.	03/20/2001			
M		6,209,983	Osborne et al.	04/03/2001			
				<del></del>			
				<del></del>			
	_						
					-		

FOREIGN PATENT DOCUMENTS									
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Name of Patentee or	Date of Publication of	Pages, Columns, Lines, Where Relevant		
		Office <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)	Applicant of Cited Document	Cited Document MM-DD-YYYY	Passages or Relevant Figures Appear	Τ <sup>β</sup>	
						·		$\sqcup$	
			_			ļ		1	
		<del>  _   _    </del>						$\vdash$	
				<del></del>				+	
						<del> </del>		+	
			<del></del>					1	

Date Examiner 02 Considered Signature

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



<sup>&</sup>lt;sup>1</sup> Unique citation designation number. <sup>2</sup> See attached Kinds of U.S. Patent Documents. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.